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PLEASE DELIVER THE FOLLOWING PAGES TO:

NAME • Examiner Tracey Mae Dove
FIRM • USPTO
PHONE • (703) 308-8821
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CLIENT / MATTER • 09792909-4809
FROM • W. John Keyes

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**Please Deliver to
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Group Art Unit 1745**

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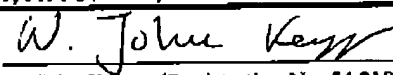
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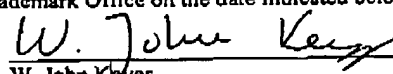
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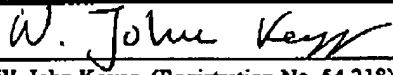
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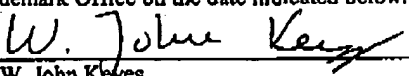
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/810,962	
	Filing Date	March 16, 2001	
	First Named Inventor	Atsu Omaru, et al.	
	Group Art Unit	1745	
	Examiner Name	Tracey Mae Dove	
Total Number of Pages in This Submission	14	Attorney Docket Number	09792909-4809

ENCLOSURES (check all that apply)						
<input checked="" type="checkbox"/> Transmitted herewith is the Amendment A. <input checked="" type="checkbox"/> The fee has been calculated as shown below:						
	(2) CLAIMS REMAINING AFTER AMENDMENT	(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE	
TOTAL CLAIMS	7	46	0	<input type="checkbox"/> x \$9.00 <input type="checkbox"/> x \$18.00	\$0	
INDEPENDENT CLAIMS	5	8	0	<input type="checkbox"/> x \$42.00 <input type="checkbox"/> x \$84.00	\$0	
APPLICATION AMENDED TO CONTAIN ANY MULTIPLE DEPENDENT CLAIMS NOT PREVIOUSLY PAID FOR.			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> x \$140.00 <input type="checkbox"/> x \$280.00 ONE TIME	\$0	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0	
<input type="checkbox"/> Applicant petitions the Commissioner for Patents to extend the time for responding to the Office Action dated _____ by _____ month(s) for a fee of \$_____ so that the period for response is extended to _____ under 37 C.F.R. § 1.321. <input type="checkbox"/> The amount of \$_____ for the Terminal Disclaimer under 37 C.F.R. § 1.321 is included in the enclosed check. <input type="checkbox"/> The amount of \$_____ for the Amendment under 37 C.F.R. § 1.312(b) is included in the enclosed check. <input type="checkbox"/> The enclosed credit card payment form to charge the amount of \$_____ covers the extension and claim fees. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to Account No. 19-3140. A duplicate of this sheet is enclosed.						
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14. <input checked="" type="checkbox"/> Customer No. 26263 Dated: <u>November 18, 2003</u> <div style="text-align: right;">  W. John Keyes, (Registration No. 54,218) </div>						

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Dated: <u>November 18, 2003</u>	 W. John Keyes

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		Filing Date	March 16, 2001
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TOTAL CLAIMS	7	-	46	0	<input type="checkbox"/> x \$9.00 <input type="checkbox"/> x \$18.00	\$0
INDEPENDENT CLAIMS	5	-	8	0	<input type="checkbox"/> x \$42.00 <input type="checkbox"/> x \$84.00	\$0
APPLICATION AMENDED TO CONTAIN ANY MULTIPLE DEPENDENT CLAIMS NOT PREVIOUSLY PAID FOR.				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> x \$140.00 <input type="checkbox"/> x \$280.00 ONE TIME	\$0
					TOTAL ADDITIONAL FEE FOR THIS AMENDMENT	\$0
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